STATE OF SOUTH CAROLINA  (Caption of Case)  Example: Application for a Class C Charter Certificate from John Doe dba Doe's Limo  Nine Star LC	BEFORE THE PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA  TRANSPORTATION COVER SHEET  DOCKET NUMBER:  If this is your first time filing an application with the PSC, you will whave a Docket Number. The Commission will assign one to you. If you
(Please type or print)	have filed with the Commission before, a Docket Number was assigned and should be entered above.
Submitted by: MASouch Al Must	Telephone: $(804).791-8637.\frac{2}{3}$
Address: 209 HOMMOCK DY	Fax: \\\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \
Lexing. St 79072	Other:
•	Email: ADel Mike 2@ yahoo. CZA
	replaces nor supplements the filing and service of pleadings or other papers ervice Commission of South Carolina for the purpose of docketing and must
NATURE OF AC	TION (Check all that apply)
Application - Class A/A Restricted RECEIN	Request for Name Change on Certificate
Application - Class C Taxi OCT 20 20	Request to Amend Scope of Authority
Application - Class C Charter PSCSC	Request to Amend Tariff (rate increase, etc.)
Application - Class C Charter Bus Clerks Offic	Request to Amend Passenger Limit
Application - Class C Non-Emergency	Request
Application - Class C Stretcher Van	Exhibit  Page
Application - Class E Household Goods	<u> </u>
Application - Class E Hazardous Waste	Late-Filed Exhibit ο Δ  Letter ω
Application	Proposed Order
Request for Extension to Comply with Order	Publisher's Affidavit
Request for Order Granting Authority to Obtain a Certif of Public Convenience and Necessity to be Rescinded	Reservation Letter Response
Request for Cancellation of Certificate	Return to Petition
Request for Suspension	Other:
Request for Reinstatement	

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

# PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA 101 Executive Center Drive, Suite 100 Columbia, South Carolina 29210

# APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY FOR OPERATION OF MOTOR VEHICLE CARRIER

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA 101 Executive Center Drive, Suite 100 Columbia, South Carolina 29210	ACCEPTED
Phone: (803) 896-5100 Fax: (803) 896-5199	FOR
APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY FOR OPERATION OF MOTOR VEHICLE CARRIER	FOR PROCESSING
Date: 10/20/21	NG
CLASS C - CHARTER  Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the prov	- 2021
	Octo
Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provof S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.	risione 20
Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade    Tog Hammoch Dy Lexight 386 79077	10:45 AM
Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade	name)
Zog Hammoch DV Lexighting SC Z9077 Street Address of Applicant	PS
Street Address of Applicant	ı
Mailing Address of Applicant (if different from street address)	2021-335
(804) 397 8632 (804) 397 8632	335-
Airel Milde 7 @ Uchanicala	- Page
ADEL MIKE 20 yahoo . com	ge 2
2. If the Applicant is an LLC or a corporation, a copy of the Certificate of Existence from the South Carolina	of T
Secretary of State and the Articles of Incorporation must be attached. (If incorporated outside of SC, attach S Carolina Secretary of State "Foreign Corporation" Certificate.)	outl <sup>w</sup>
3. Select Entity Type: (Check one)  ☑ Individual Owner/Sole Proprietorship	
Partnership - List names and addresses of all person having an interest in the business.	
Corporation - List names and addresses of two principal officers.	
	<del></del> -
	<del></del>

	Financial St	atement	
plicant's assets and liabilities	s are as follows:		
Assets:		<u>Liabilities:</u>	
Value of Real Estate		Mortgage/Loan on Real Estate	0
alue of Motor Vehicles	2000	Loans Owed on Motor Vehicles	0
Cash on Hand	\00	Business/Other Loans Owed	
Cash in Bank	7000	Other Liabilities or Debts	0
Value of Other Assets and Equipment		Total Liabilities	00
Total Assets	9100		
NSTRUCTIONS:			
1. " <u>Value of Real Estate</u> " n Company/Business App		market value of any real property/buildin	gs owned by the
2. "Mortgage/Loan on Rea by the Real Estate listed		ng balance on any Mortgage, Equity Line	or other Loan secu
•	es" means the actual or fair ea Business Applying for a Ce	stimated value of any moving vans, trucks	or other vehicles
• •			

#### **INSTRUCTIONS:**

- 4. "Loans Owed on Motor Vehicles" means the outstanding balance on any loans or liens on the vehicles listed in Item 2.
- 5. "Cash on Hand" is the total of actual cash held by the Company/Business applying for a Certificate on the day this form is filled out.
- 6. "Business/Other Loans Owed" means the outstanding balance on any small business loan or other unsecured loan made by a person, bank or business to the Business/Company applying for a Certificate.
- 7. "Cash in Bank" means the current balance in checking accounts, savings accounts or the like in the name of the Company/Business applying for a Certificate. Do not include retirement accounts or personal bank account balances.
- 8. "Value of Other Assets and Equipment" should include the actual or estimated value of items such as office equipment (computers/furnishings), moving equipment (hand trucks/blankets/strapping), and trailers.
- 9. "Other Liabilities or Debts" means specific amounts/balances which the Company/Business applying for a Certificate knows that it owes to other persons or companies; for example Franchise Fees. This does NOT include regular bills such as electricity bills, security system costs, insurance, salaries, etc.

# PROPOSED RATES AND CHARGES FOR SERVICE

Proposed Rates and Charges:

\$ 3,00 Per Mile \$ 20 Per Nour waiting

Requested Scope of Authority: Check all counties in which you are requesting permission to operate. You will only be allowed to operate in those counties checked below. You may request "Statewide" authority if you intend to operate in all counties in South Carolina.

Abbeville	Cherokee	Florence	Lee	Saluda
Aiken	Chester	Georgetown	Lexington	Spartanburg
Allendale	Chesterfield	Greenville	Marion	Sumter
Anderson	Clarendon	Greenwood	Marlboro	Union
Bamberg	Colleton	Hampton	McCormick	Williamsburg
Barnwell	☐ Darlington	Horry	Newberry	York
Beaufort	Dillon	Jasper	Oconee	
Berkeley	Dorchester	Kershaw	Orangeburg	Statewide
Calhoun	Edgefield	Lancaster	Pickens	
Charleston	Fairfield	Laurens	Richland	

# ACCEPTED FOR PROCESSING - 2021 October 20 10:45

# **DESCRIPTION OF EQUIPMENT**

You are **not** required to own a vehicle to file an application. However, prior to being issued a certificate by ORS, you will be required to have obtained a vehicle.

Maximum Number of Passengers Vehicle is Equipped to Carry: (The number of passengers a vehicle is equipped to carry is based on the number of <u>seatbelts</u> in the vehicle, including the driver's seatbelt.)

1-7 Passengers, including driver

8-15 Passengers, including driver

MAKE	YEAR & MODEL	VIN#	EMPTY WEIGHT
Horda	2007 Bdyssy	SFNRL 386	178446968
			-
			ည်
"			T Q
			50
		<u></u>	

# This form **MUST BE COMPLETED.** This form MUST BE COMPLETED. The insurance quote must be complete, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide a copy of insurance policies unless requested. You will not be required to The insurance quote must be complete, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide a copy of insurance policies unless requested. You will not be required to purchase insurance until your application has been approved and an order has been issued by the PSC. THIS IS ONLY A QUOTE. The following insurance quote is for: | Machine | Almostof | Me Stand | St

INSURANCE QUOTE

I, the Applicant, am familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

#### NOTICE:

If you wish to self-insure your motor vehicles for liability and property damage, you must comply with S.C. Code Ann. Sections 56-9-60 and 58-23-910. For more information, contact the Department of Motor Vehicles at (803) 896-8457 or (803) 896-9903.

If you wish to apply as a self-insured for worker's compensation coverage in South Carolina you may do so with the South Carolina Worker's Compensation Commission (WCC) provided that you will be able to: 1) post a surety bond or letter-of-credit with the WCC for a minimum of \$500,000, 2) agree to pay a yearly self-insurance tax, and 3) agree to pay an annual assessment to the South Carolina Second Injury Fund. For more information, contact the WCC Self-Insurance Division at (803) 737-5712 or on the web at www.wcc.state.sc.us/self-insurance.

# Exhibit Fit, Willing, and Able (FWA)

			FOR
-		Name of Applicant	FOR PROCESSING - 2021 October 20 10:45 AM - SCPSC
1.	Are there currently any ou	ststanding judgments against the Applicant?	Ž
	" *	n⊗_No	( <sub>1</sub> )
	If Yes, list judgements he	~	2021
			October 2
			0 10:
			45 AM
			- SCPS
2.		all statutes and regulations, including safety regulations and governing for-hire motor South Carolina, and does Applicant agree to operate in compliance with these	r
	P-Yes	○ No	335-T -
3.	Is Applicant aware of the therewith?	Commission's insurance requirements and the insurance premium costs associated	2021-335-T - Page 7 of 13
	Yes	O No	of 13

# **Exhibit on Driver Qualifications**

1.	Applicant understands that a	ll drivers must be a minimum of 18 years of age.
	Yes	O No
2.	* *	certified copy of the driver's three (3) year driving record issued by the SC DMV IV of the state in which the driver is or has been domiciled for such period must ent's business office.
	<b>P</b> Yes	O No
3.	Applicant understands that a must be maintained in the A	criminal history background check from the state where the driver currently lives pplicant's business office.  No
4.		Il drivers operating a vehicle under a Class C Certificate must have in ting a charter vehicle, a valid driver's license issued by the SC DMV or the current er.
	<b>Y</b> es	O No
5.		Il Class C Certificate holders are prohibited from employing or leasing
		registered, or required to be registered, as sex offenders with the South Carolina ision or any national registry of sex offenders.
	A Yes	O No

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA

101 EXECUTIVE CENTER DRIVE, SUITE 100

COLUMBIA, SOUTH CAROLINA 29210

Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq.(1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (S.C. Code Ann. Regs., 1976), and R.38-400 through R.38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Volume 2, S.C. Code Ann., 1976) and amendments thereto, and hereby promises complianced therewith.

S.C. Code Ann. Section 58-3-250 states, in part, that every final order of the Commission must be served by electronic service, registered or certified mail, upon the parties to the proceeding or their attorneys.

Please check the applicable box:

The Applicant AGREES to receive future Commission orders related to the Applicant's authority in South Carolina Minus and Agree and the Applicant of the Commission's eService System. The Applicant orders related to the Applicant's authority in South Carolina through the Commission's eService System.

The Applicant To Sign up for eService notifications, please visit www.psc.se. gov to create a My DMS account.

The Applicant To Sign up for eService notifications, please visit www.psc.se. gov to create a My DMS account.

The Applicant for the Certificate of Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above application are true and correct.

	The Applicant AGREES to receive future Commission orders related to the Applicant's authority in South Carolina
N	through the Commission's eService System. The Applicant authorizes the Commission to serve its orders by using the e
حرا	mail address as it appears on page one of this Application. To sign up for eService notifications, please visit www.psc.sc
	gov to create a My DMS account.

STATE OF SOUTH CAROLINA

COUNTY OF Lexination

SWORN TO BEFORE ME

\_ day of October

Notary Public

My Commission Expires January 8, Commission Expires

**Print Application** 

# The State of South Carolina



# Office of Secretary of State Mark Hammond

# **Certificate of Existence**

I, Mark Hammond, Secretary of State of South Carolina Hereby Certify that:

Nine Star LLC, a limited liability company duly organized under the laws of the State of South Carolina on October 12th, 2021, with a duration that is at will, has as of this date filed all reports due this office, paid all fees, taxes and penalties owed to the State, that the Secretary of State has not mailed notice to the company that it is subject to being dissolved by administrative action pursuant to S.C. Code Ann. §33-44-809, and that the company has not filed articles of termination as of the date hereof.

Given under my Hand and the Great Seal of the State of South Carolina this 13th day of October, 2021.

Mark Hammond, Secretary of State

# Allow us to automatically withdraw your payments; your monthly payment would be \$103.42

\*Rates are subject to change based on verification of information. Monthly payments are estimated and not available in all situations; fees are not included in the rate.

# View Your Quote

## Ready to buy?

Contact PROG COMMERCIAL if you're ready to purchase or have additional questions.

# Your agent or broker:

PROG COMMERCIAL 6300 WILSON MILLS RD MAYFIELD VILLAGE, OH 44143 800-895-2886

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United Financial Casualty Company 6300 Wilson Mills Rd, Mayfield Village, OH 44143

# Allow us to automatically withdraw your payments; your monthly payment would be \$103.42

\*Rates are subject to change based on verification of information. Monthly payments are estimated and not available in all situations; fees are not included in the rate.

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PROG COMMERCIAL 6300 WILSON MILLS RD MAYFIELD VILLAGE, OH 44143 800-895-2886

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United Financial Casualty Company 6300 Wilson Mills Rd, Mayfield Village, OH 44143

TOTAL PROPERTY OF

## Schmieding, Janice

From:

adel mike <adelmike2@yahoo.com>

Sent:

Wednesday, October 20, 2021 10:23 AM

To:

Schmieding, Janice

Subject:

[External] Fw: Your Progressive Commercial quote from your local independent agent

#### Sent from Yahoo Mail for iPhone

Begin forwarded message:

On Thursday, October 14, 2021, 9:27 AM, Progressive commercial@e.progressive.com> wrote:



# Your Progressive Commercial quote

Thanks for requesting a quote from PROG COMMERCIAL for a 12-month policy.

Progressive Commercial offers many payment options to fit your needs. You can pay in full for maximum savings!

# Your Payment Options\*

Pay In Full Estimate

\$1,207.00

Electronic Funds Transfer Payments Estimate

\$1,207.00